LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619)

Page___ of ___Page(s)
THIS SPACE FOR OFFICE USE ONLY

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STATE UI WAHO

	SIAIC	0. 10.
(Type or print clearly in black ink)		
See instructions at bottom of page		
Lobbyist's name and permanent business address	Date prepared	Period covered
H. Dwight Whittaker 555 West 25th Street Idaho Falls, ID 83402	05/02/05	(Mo.) (Day) (Yr.)
Item 1 Totals of all reportable expenditures made	e or incurred by Lobbyist or by Lobbyist's Employer on behal	f of Lobbyist's Employer.
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1 Totals of all reportab	Totals of all reportable expenditures made or incurred by Lobbyist's Employer on behalf of Lobbyist's Employer.				
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity	* Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
Do Not Have to be Reported		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment Food and Refreshment	\$	\$	s	\$	\$
Living Accommodations					
Advertising					
Travel					
Telephone					
Other Expenses or Services					
Total	\$00	\$	\$	\$	\$

*When the number of employers you are reporting for requires multiple L-3 forms to be filed a total amount for all employers should be entered on Page 1.

Item	The totals	s of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.				
2	Date	Place	Amount	Names of Legislators & Public Officials in Group		
		None				
1 19	Continued on	attached page(s)				

Continued on attached page(s)				
INSTRUCTIONS		Employer(s) Name(s) and Address(es)		
		Development Workshop, Inc.		
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.		555 West 25th Street		
		Idaho Falls, ID 83402		
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.		No.2		
TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282				

Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible Item personal property to any Legislator, or for or on behalf of any legislator. Name of Legislator Receiving or Benefited Amount 00 Subject matter of proposed legislation, the number of the Senate LEGISLATIVE SUBJECT IDENTIFICATION ltem or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing. Code Subject Code Subject Agriculture, horticulture, Health service, medicine, drugs Appropriation Bill Number Subject Code Bill, Resolution or Other farming, and livestock and controlled substances, health (from table) Legislative Ident. Number and Section Number 02 Amusements, games, athletics insurance, hospitals 16-Vocational and sports Higher education Rehabilitation Housing, construction, codes Banking, finance, credit and SB 1229 Insurance (excluding health investments Children, minors, youth, insurance) senior citizens Labor, salaries and wages, 05 Church and religion collective bargaining Consumer affairs Law enforcement, courts, 07 Ecology, environment, pollution, judges, crimes, prisons conservation, zoning, land and License, pernits water use 24 Liquor 08 Education 25 Manufacturing, distribution and Elections, campaigns, voting, services Natural resources, forest and political parties Equal rights, civil rights, forest products, fisheries, mining minority affairs and mining products (11) Government, financing, 27 Public lands, parks, recreation taxation, revenue, budget, Social insurance, unemployment insurance, public assistance, appropriations, bids, fees, funds Government, county workmen's compensation Government, federal Transportation, highways, 13 14 Government, municipal streets and roads 15 Government, special districts Utilities, communications,

Government, state

televisions, radio, newspaper,

power, CATV, gas
Other (please specify)
Community Rehab Program

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

Date Date